

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2014
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NAME OF PROVIDER OR SUPPLIER

BAPTIST HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
700 WILLIAMS FERRY RD
LENOIR CITY, TN 37771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000

INITIAL COMMENTS

A recertification survey and complaint investigation #32426, #32641, and #33500, were completed on April 21 - 23, 2014, at Baptist Health Care Center. No deficiencies were cited related to complaint investigation #32426. Deficiencies were cited related to complaint investigation #32641 and #33500, under 42 CFR PART 483, Requirements for Long Term Care Facilities.

F 224

SS=D

483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATION

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, review of an untitled facility report, review of facility policy, and interview, the facility failed to implement written policies and procedures to prohibit mistreatment and abuse for one resident (#92) of three residents reviewed for abuse of twenty-nine residents reviewed.

The findings included:

Resident #92 was admitted to the facility on February 28, 2011, with diagnoses including Alzheimer's Dementia, Depression, and Seizure Disorder.

F 000

Baptist Health Care Center does not agree that any deficiencies existed, including the alleged deficiencies that are the subject of the attached response. The facility does not admit the facts or the conclusions set out in any survey or statement of deficiencies, but makes this response in order to comply with state and federal law and as part of its commitment to quality care for residents. The facility is not waiving its rights to dispute any survey or deficiency, nor to raise any defenses, whether in an informal dispute resolution, a formal appeal, or any other legal or administrative proceeding. The facility does not admit that any actions taken in response to the notice of deficiencies constitute the applicable standard of care for long-term care providers. This plan of correction serves as the allegation of compliance and will be provided to the members of the QAPI team at next meeting.

F 224

483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATION

1) On April 25, 2014 the Administrator reviewed the State and Federal reporting regulations to familiarize self with the regulations expected. On April 25, 2014 the Administrator and Director of Nursing reviewed and revised the facility policies and procedures on abuse investigation and reporting to ensure policy was in compliance with regulations. Per revised policy attached, the Administrator or designee will be responsible for the investigation of all allegations of abuse, mistreatment, neglect, and misappropriation of property SEE POLICY ATTACHMENT #4.

On May 9, 2014 the DON obtained a written statement from accused CNA #2, and CNA

(X6) DATE

5/16/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 224	<p>Continued From page 1</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated April 14, 2014, revealed the resident was severely cognitively impaired and required extensive assistance with activities of daily living.</p> <p>Review of an untitled facility report dated April 10, 2014, revealed the facility was informed by an investigator from Adult Protective Services (APS) of allegations of abuse of resident (#92) by Certified Nursing Assistant (CNA) #6 on March 12, 2014. Continued review revealed an allegation CNA #6 had inserted the fingers of a partially inflated latex glove into the mouth of the resident while making sexually suggestive comments about the resident in the presence of four other staff members. Continued review of the untitled facility report revealed the facility did not suspend CNA #6 nor complete interviews with all potential witnesses of the alleged event. Continued review of the untitled facility report revealed the facility had not reported the alleged occurrence to the family or responsible party of the resident, nor had the facility informed the State Agency of the allegations.</p> <p>Review of facility policy, Abuse Prevention Program, undated revealed, "...the Nursing Supervisor will...Suspend from employment and/or remove from the premises any person who alleged to have committed to the occurrence...complete an Incident Report and compile a list of staff and visitors presently in the facility...Administrator or Director of Nursing will...thoroughly investigate...allegations...through onsite interview...observations...affidavits taken from persons who may have knowledge of the alleged incident...inform the Department of</p>	F 224	<p>#3 who observed the incident on March 11, 2014.</p> <p>On May 12, 2014 the Human Resource Director obtained a written statement from the accuser, housekeeper who observed the incident on March 11, 2014. The Human Resource Director also requested a written statement from housekeeper concerning their meeting with Administrator on April 11, 2014.</p> <p>On May 9, 2014 DON attempted to obtain CNA #4 written statement of their observation of the March 11, 2014 incident but was unable to be obtained due to CNA #4 termination on March 21, 2014</p> <p>On May 9, 2014 the Administrator obtained a written statement from the DON who was a witness to the interviews conducted by the Administrator on March 13, 2014 of the accused CNA #1 & #2, CNA #3 witnesses and housekeeper witness.</p> <p>On May 9 & 12, 2014 the Human Resource Director and/or DON conducted one on one meeting with CNA#2, & #3 and housekeeper concerning the timely reporting of allegations of abuse.</p> <p>On March 13, 2014 the Administrator conducted an interview with CNA #1, the CNA #1 was terminated based on their admission of horse playing with a latex glove blown up like a balloon in a resident room.</p> <p>On April 11, 2014, after the investigative visit of APS, the Administrator did not</p>		

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F 224	<p>Continued From page 2</p> <p>Health, Health Facilities Regional Office by telephone...a report of abuse has been received and an investigation is beginning...notify the family or responsible party..."</p> <p>Interview with the Administrator on April 21, 2014, at 2:15 p.m., in the conference room revealed the Administrator reported during the week of April 10, 2014, APS investigated an incident at the facility related to "employee misused gloves" and stated the facility did not report the alleged occurrence to the State Agency as the facility had investigated the incident and determined the incident "was simple horseplay." Continued interview with the Administrator revealed APS had investigated the incident the week of April 10, 2014, and closed the investigation one week later. The Administrator stated "nothing reportable we are aware of occurred."</p> <p>Interview with the Director of Nursing (DON) on April 21, 2014, at 3:55 p.m., in the DON's office revealed APS visited the facility the week of April 9, 2014, with "a vague allegation of lewd comments made as a glove placed in a resident's mouth."</p> <p>Interview with the DON on April 23, 2014, at 3:35 p.m., in the facility chapel confirmed on April 10, 2014, the facility was made aware of the allegations of abuse and failed to suspend the accused employee(s) pending an investigation of the incident; failed to document the facility investigation of the incident; failed to notify families or responsible parties of the residents involved; and failed to follow the facilities policies related to abuse reporting and abuse prohibition.</p> <p>Interview with the Administrator on April 23, 2104,</p>	F 224	<p>substantiate any allegation of abuse based...on interviews on March 13, April 10 and 11, 2014. Written statements were obtained on May 9, 2014 from CNA #2, and CNA #3 and on May 12, 2014 from housekeeper. The written statement of the housekeeper was different from the other staff members that were present in the resident's room as the new statement had additional information added. The Administrator's interviews conducted on March 13, 2014 was witnessed by DON with CNA's & Housekeeper. On May 9, 2014 the Administrator obtained a written statement of the DON's witness of that meeting.</p> <p>Attachments #1: Written statement of CNA's #2, #3, DON and Housekeeper.</p> <p>On April 23, 2014 the Administrator and DON visited with the Responsible Party of the resident #92 after Survey conducted on April 21, #2, &23, 2014 concerning reports of allegations of abuse to resident #92.</p> <p>2) On April 28, 2014 DON and Administrator interviewed all interview able residents for any possible abuse from CNA #1 & CNA #2 or any other staff. No report of abuse was identified.</p> <p>On May 1, 8, 9, 12 & 13, 2014 the ADON and/or HRD conducted inservices for all facility staff (RN's, LPN's, CNA's, Housekeeping, Laundry, Maintenance, Dietary, Therapy staff, Administration, Business Office) on abuse, mistreatment, neglect and misappropriation of property emphasizing timely reporting, what is abuse, and who to report to. Any staff not attending mandatory inservices will not be allowed to work until they have attended the inservice training. SEE STAFF LIST ATTACHMENT #5</p> <p>Beginning May 1, 2014, all new employees will complete training of the abuse, neglect, and misappropriation of property protocols through the new hire orientation process to ensure awareness of timely reporting, what is abuse and who to report to. Consultants, volunteers and temp staff personnel have also been provided with a copy of the newly revised policy to ensure awareness of timely reporting, what is abuse and who to report to.</p>		

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F 224	Continued From page 3 at 3:55 p.m., in the facility chapel confirmed the facility was aware of allegations of abuse on April 10, 2014. Continued interview revealed the untitled facility report dated April 10, 2014, which summarized the facility findings were prepared on April 21, 2014. Further interview confirmed the facility failed to complete a thorough investigation of the allegations per facility policy and failed to document an investigation of the allegations of abuse prior to April 21, 2014. Continued interview confirmed the facility had failed to suspend the accused person(s) alleged to be involved in the occurrence and had failed to follow the facility policy related to abuse prohibition.	F 224	3) Beginning May 1, 2014, the Administrator will monitor on a weekly basis any allegations of abuse and report them to State within 5 working days. The weekly monitoring will be conducted for 3 months. Beginning May 1, 2014 the HR Coordinator and DON will monitor all investigated reports of allegations of abuse, neglect misappropriation of property for compliance of policy and procedure to ensure immediate suspension of accused employees and written statements are obtained from all parties involved. This monitoring will continue for 3 months or until substantial compliance is obtained. All allegations of abuse, neglect and misappropriation of property will be reported to QAPI committee quarterly and will provide a brief description of any abuse, neglect and misappropriation of property.		
F 225 SS=D	C/O #33500 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property, and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law	F 225	4) Beginning May 1, 2014 the Administrator and DON will report to the quarterly QAPI committee of any reports of abuse, neglect or misappropriation of property. The Administrator will report to the Governing Body at its next meeting concerning this monitoring. 483.13(c) (1)(ii)-(iii), (c)(2)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 1) On April 25, 2014 the Administrator reviewed the State and Federal reporting regulations to familiarize self with the regulations expected. On April 25, 2014 the Administrator and Director of Nursing reviewed and revised the facility policies and procedures on abuse investigation and reporting to ensure policy was in compliance with regulation. Per revised policy attached, the Administrator or designee will be responsible for the investigation of all allegations of abuse, neglect, and misappropriation of property per SEE POLICY ATTACHMENT #4 On May 9, 2014 the DON obtained a written statement from accused CNA #2, and CNA #3 who observed the incident on March 11, 2014. On May 12, 2014 the Human Resource Director obtained a written statement from	5/16/14	

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F 225	<p>Continued From page 4</p> <p>through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, review of untitled facility reports, review of facility policy, and interview, the facility failed to report allegations of abuse to the Department of Health in accordance with state law through established procedures for one resident (#92) of three residents reviewed for abuse of twenty-nine residents reviewed.</p> <p>The findings included:</p> <p>Resident #92 was admitted to the facility on February 28, 2011, with diagnoses including Alzheimer's Dementia, Depression, and Seizure Disorder.</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated April 14, 2014, revealed the resident was severely cognitively impaired</p>	F 225	<p>the accuser, housekeeper who observed the incident on March 11, 2014. The Human Resource Director also requested a written statement from housekeeper concerning their meeting with Administrator on April 11, 2014.</p> <p>On May 9, 2014 DON attempted to obtain CNA #4 written statement of their observation of the March 11, 2014 incident but was unable to be obtained due to CNA #4 termination on March 21, 2014.</p> <p>On May 9, 2014 the Administrator obtained a written statement from the DCN who was a witness to the interviews conducted by the Administrator on March 13, 2014 of the accused CNA #1 & #2, CNA #3 witnesses and housekeeper witness.</p> <p>On May 9 & 12, 2014 the Human Resource Director and/or DON conducted one on one meeting with CNA#2, & #3 and housekeeper concerning the timely reporting of allegations of abuse.</p> <p>On March 13, 2014 the Administrator conducted an interview with CNA #1, the CNA #1 was terminated based on their admission of horse playing with a latex glove blown up like a balloon in a resident room.</p> <p>On April 11, 2014, after the investigative visit of APS, the Administrator did not substantiate any allegation of abuse based on interviews on March 13, April 10 and 11, 2014. Written statements were obtained on May 9, 2014 from CNA #2, and CNA #3 and on May 12, 2014 from housekeeper. The</p>	

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F 225	<p>Continued From page 5</p> <p>and required extensive assistance with activities of daily living.</p> <p>Review of an untitled facility report dated April 10, 2014, revealed the facility was informed by an investigator from Adult Protective Services (APS) of allegations of abuse of resident #92 by CNA #8. Continued review revealed an allegation CNA #6 inserted the fingers of a partially inflated latex glove into the mouth of the resident while making sexually suggestive comments about the resident in the presence of four other staff members. Continued review of the untitled facility report revealed the facility did not suspend the accused person(s) nor had the facility interviewed all potential witnesses to the alleged event. Continued review of the document revealed the facility had not reported the alleged occurrence to the family or responsible party of the resident, nor had the facility informed the State Agency of the allegations.</p> <p>Review of facility policy, Abuse Prevention Program, undated revealed, "...the Nursing Supervisor will...inform the Department of Health, Health Facilities Regional Office by telephone...a report of abuse has been received and an investigation is beginning... submit a copy of the investigative report within 5 working days of the incident to the Department of Health...inform local state and federal enforcement agencies as required by law..."</p> <p>Interview with the Director of Nursing on April 23, 2014, at 3:35 p.m., in the chapel confirmed on April 10, 2014, the facility was made aware of the allegations of abuse and failed to report the alleged occurrence to the State Agency.</p>	F 225	<p>written statement of the housekeeper was different from the other staff members that were present in the resident's room as the new statement had additional information added. The Administrator's interviews conducted on March 13, 2014 was witnessed by DON with CNA's & Housekeeper. On May 9, 2014 the Administrator obtained a written statement of the DON's witness of that meeting.</p> <p>Attachments #1: Written statement of CNA's #2, #3, DON and Housekeeper.</p> <p>On April 23, 2014 the Administrator and DON visited with the Responsible Party of the resident #92 after Survey conducted on April 21, 22, & 23, 2014, concerning reports of allegations of abuse to resident #92.</p> <p>Per abuse, neglect, misappropriation of property protocol attached, the Administrator or Director of Nursing will be responsible for investigating and timely reporting to appropriate agencies SEE POLICY ATTACHMENT #4.</p> <p>On May 14, 2014 the Administrator reported the allegation of abuse to the Department of Health, Health Care Facilities through the IRS online notification website.</p> <p>Attachment #2: Copy of IRS report</p> <p>2) On April 28, 2014 DON and Administrator interviewed all interviewable residents for any possible abuse from CNA #1 & CNA #2 or any other staff. No report of abuse was identified.</p> <p>On May 1, 8, 9, 12 & 13, 2014 the ADON and/or HRD conducted inservices for all facility staff (RN's, LPN's, CNA's, Housekeeping, Laundry, Maintenance, Dietary, Therapy staff, Administration, Business Office) on abuse, mistreatment, neglect and misappropriation of property emphasizing timely reporting, what is abuse, and who to report to. Any staff not attending mandatory inservices will not be allowed to work until they have attended the inservice training. SEE STAFF LIST ATTACHMENT #5.</p>		

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F 225	Continued From page 6 Interview with the Administrator, on April 23, 2104, at 3:55 p.m., in the chapel confirmed the facility was aware of allegations of abuse on April 10, 2014, and failed to report the allegation to the State Agency.	F 225	Beginning May 1, 2014, all new employees will complete training of the abuse, neglect, and misappropriation of property protocols through the new hire orientation process to ensure awareness of timely reporting, what is abuse and who to report to. Consultants, volunteers and temp staff personnel have also been provided with a copy of the newly revised policy to ensure awareness of timely reporting, what is abuse and who to report to.		
F 226 SS=D	C/O #33500 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of an untitled facility report, review of facility policy, and interview, the facility failed to follow its policies on abuse prohibition and prevention for one resident (#92) of twenty-nine residents reviewed. The findings included: Resident #92 was admitted to the facility on February 28, 2011, with diagnoses including Alzheimer's Dementia, Depression, and Seizure Disorder. Medical record review of the Quarterly Minimum Data Set (MDS) dated April 14, 2014, revealed the resident was severely cognitively impaired and required extensive assistance with activities of daily living.	F 226	3) Beginning May 1, 2014, the Administrator will monitor on a weekly basis any allegations of abuse and report them to State within 5 working days. The weekly monitoring will be conducted for 3 months. All allegations of abuse, neglect and misappropriation of property will be reported to QAPI committee quarterly and will provide a brief description of any abuse, neglect and misappropriation of property. 4) Beginning May 1, 2014 the Administrator and DON will report to the quarterly QAPI committee of any reports of abuse, neglect or misappropriation of property. The Administrator will report to the Governing Body at its next meeting concerning this monitoring 483.13(c) DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES 1) On April 25, 2014 the Administrator reviewed the State and Federal reporting regulations to familiarize self with the regulations expected. On April 25, 2014 the Administrator and Director of Nursing reviewed and revised the facility policies and procedures on abuse investigation and reporting to ensure policy was in compliance with regulations. Per revised policy attached, the Administrator or designee will be responsible for the investigation of all allegations of abuse, neglect, and misappropriation of property. SEE POLICY ATTACHMENT #4. On May 9, 2014 the DON obtained a written statement from accused CNA #2, and CNA #3 who observed the incident on March 11, 2014.	5/16/14	

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F 226	<p>Continued From page 7</p> <p>Review of an untitled facility report dated April 10, 2014, revealed the facility was informed by an investigator from Adult Protective Services (APS) of allegations of abuse of resident (#92) by CNA #6 which included allegations on March 12, 2014, CNA #6 had inserted the fingers of a partially inflated latex glove into the mouth of the resident while making sexually suggestive comments about the resident in the presence of four other staff members. Continued review of the untitled facility report revealed the facility did not suspend the accused person(s) nor had the facility interviewed all potential witnesses to the alleged event. Continued review of the untitled facility report revealed the facility had not reported the alleged occurrence to the family or responsible party of the resident, nor had the facility informed the State Agency of the allegations.</p> <p>Review of facility policy, Abuse Prevention Program, undated revealed, "...the Nursing Supervisor will...Suspend from employment and/or remove from the premises any person who alleged to have committed to the occurrence...complete an Incident Report and compile a list of staff and visitors presently in the facility...Administrator or Director of Nursing will...thoroughly investigate...allegations...through onsite interview...observations...affidavits taken from persons who may have knowledge of the alleged incident...inform the Department of Health, Health Facilities Regional Office by telephone...a report of abuse has been received and an investigation is beginning...notify the family or responsible party...keep the family or responsible party informed...submit a copy of the investigative report within 5 working days of the incident to the Department of Health...inform local state and federal enforcement agencies as</p>	F 226	<p>On May 12, 2014 the Human Resource Director obtained a written statement from the accuser, housekeeper who observed the incident on March 11, 2014. The Human Resource Director also requested a written statement from housekeeper concerning their meeting with Administrator on April 11, 2014.</p> <p>On May 9, 2014 DON attempted to obtain CNA #4 written statement of their observation of the March 11, 2014 incident but was unable to be obtained due to CNA #4 termination on March 21, 2014.</p> <p>On May 9, 2014 the Administrator obtained a written statement from the DCN who was a witness to the interviews conducted by the Administrator on March 13, 2014 of the accused CNA #1 & #2, CNA #3 witnesses and housekeeper witness.</p> <p>On May 9 & 12, 2014 the Human Resource Director and/or DON conducted one on one meeting with CNA#2, & #3 and housekeeper concerning the timely reporting of allegations of abuse.</p> <p>On March 13, 2014 the Administrator conducted an interview with CNA #1, the CNA #1 was terminated based on their admission of horse playing with a latex glove blown up like a balloon in a resident room.</p> <p>On April 11, 2014, after the investigative visit of APS, the Administrator did not substantiate any allegation of abuse based on interviews on March 13, April 10 and 11, 2014. Written statements were obtained on</p>		

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PRINTED: 05/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44E445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2014
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NAME OF PROVIDER OR SUPPLIER

BAPTIST HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

700 WILLIAMS FERRY RD
LENOIR CITY, TN 37771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 226	Continued From page 8 required by law..."	F 226	May 9, 2014 from CNA #2, and CNA #3 and on May 12, 2014 from housekeeper. The written statement of the housekeeper was different from the other staff members that were present in the resident's room as the new statement had additional information added. The Administrator's interviews conducted on March 13, 2014 was witnessed by DON with CNA's & Housekeeper. On May 9, 2014 the Administrator obtained a written statement of the DON's witness of that meeting.	
F 280 SS=D	C/O #33500 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.		<p>Attachments #1: Written statement of CNA's #2, #3, DON and Housekeeper.</p> <p>On April 23, 2014 the Administrator and DON visited with the Responsible Party of the resident #92 after Survey conducted on April 21, 22, & 23, 2014 concerning reports of allegations of abuse to resident #92.</p> <p>On May 14, 2014 the Administrator reported the allegation of abuse to the Department of Health, Health Care Facilities through the IRS online notification website.</p> <p>Attachment #2: Copy of IRS report</p> <p>2) On April 28, 2014 DON and Administrator interviewed all interviewable residents for any possible abuse from CNA #1 & CNA #2 or any other staff. No report of abuse was identified.</p> <p>On May 1, 8, 9, 12 & 13, 2014 the ADON and/or HRD conducted inservices for all facility staff (RN's, LPN's, CNA's, Housekeeping, Laundry, Maintenance, Dietary, Therapy staff, Administration, Business Office) on abuse, mistreatment, neglect and misappropriation of property emphasizing timely reporting, what is abuse, and who to report to. Any staff not attending mandatory inservices will not be allowed to work until they have attended the inservice training. SEE STAFF LIST ATTACHMENT #5. Beginning May 1, 2014, all new employees will complete training of the abuse, neglect, and misappropriation of property protocols through the new hire orientation process to ensure awareness of timely reporting, what is abuse and who to report to.</p>	

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F 280	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to revise the Care Plan for one (#76) of twenty-nine residents reviewed.</p> <p>The findings included:</p> <p>Resident #76 was admitted to the facility on August 28, 2012, with diagnoses including Dementia with Depression, Anxiety Disorder, Chronic Pain, Polymyalgia Rheumatica, Osteoporosis, Hypertension, Hypothyroidism, Anemia, and Glaucoma.</p> <p>Medical record review of nursing notes dated September 8, 2013, at 9:45 a.m., revealed "Call to resident room by staff, on arrival to room another nurse was present. Resident was lying on her right side with knee bent. C/O (complained of) pain to (L) (left) hip and (L) elbow. On assessment resident refused to roll on back because of pain in left hip..."</p> <p>Medical record review of a nursing note dated September 8, 2013, at 1:20 p.m., revealed "Called (hospital) ER (Emergency Room) and was told by...that resident was being admitted with (L) hip fracture."</p> <p>Medical record review of the hospital Physician's orders dated September 12, 2014, revealed the resident had a hip fracture and was to have an abduction pillow while at rest and posterior hip precautions were to be followed.</p>	F 280	<p>Consultants, volunteers and temp staff personnel have also been provided with a copy of the newly revised policy to ensure awareness of timely reporting, what is abuse and who to report to.</p> <p>3) Beginning May 1, 2014, the Administrator will monitor on a weekly basis any allegations of abuse and report them to State within 5 working days. The weekly monitoring will be conducted for 3 months.</p> <p>Beginning May 1, 2014 the HR Coordinator and DON will monitor all investigated reports of allegations of abuse, neglect misappropriation of property for compliance of policy and procedure to ensure immediate suspension of accused employees and written statements are obtained from all parties involved. This monitoring will continue for 3 months or until substantial compliance is obtained.</p> <p>All allegations of abuse, neglect and misappropriation of property will be reported to QAPI committee quarterly and will provide a brief description of any abuse, neglect and misappropriation of property.</p> <p>4). Beginning May 1, 2014 the Administrator and DON will report to the quarterly QAPI committee of any reports of abuse, neglect or misappropriation of property and compliance with facility policy of Abuse, Neglect and Misappropriation. The Administrator will report to the Governing Body at its next meeting concerning this monitoring.</p> <p>5/16/14</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>1) On April 23, 2014 the Care Plan Coordinator corrected the Care plan of Resident #76 to include the abduction pillow to be maintained while at rest and posterior hip precautions. One on one teachable moment with the Care Plan Coordinator was conducted by the DON on May 12, 2014 to review the importance of having accurate care plans to ensure proper care is provided by staff.</p>		

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F 280

Continued From page 10

Medical record review of the Care Plan, updated on September 12, 2013, revealed no documentation to address the resident's need for the abduction pillow or posterior hip precautions.

Observation on April 22, 2014, at 11:40 a.m., revealed the resident seated in a pedal chair with a seat belt alarm in place.

Interview on April 22, 2014, at 1:10 p.m., with the Rehabilitation Director, in the conference room, revealed if a resident had orders for posterior hip precautions when the resident was seated in a chair the resident's position was to be straight up at one-hundred-eighty (180) degrees.

Interview with Registered Nurse #1 on April 22, 2014, at 5:45 p.m., in the conference room confirmed the Care Plan was not revised to include abduction pillow while at rest or the posterior hip precautions.

C/O #32641

F 282
SS=D

483.20(k)(3)(ii) SERVICES BY QUALIFIED
PERSONS/PER CARE PLAN

The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview, the facility failed to implement the care plan for one resident (#66) of twenty-nine residents reviewed.

F 280

2) On April 28, 2014 to May 13, 2014 the Care Plan Coordinator reviewed all residents' care plans to ensure that all physician orders were reflected. No variances were found.

3) Beginning May 1, 2014 the DON will review all new admissions' care plan per month for a period of 3 months to ensure care plans are accurate and timely.

4) Beginning May 1, 2014 the DON will report to the QAPI committee the monitoring outcomes of care plan at the next quarterly scheduled QAPI Committee meeting. The Administrator will report to the Governing Body at its next meeting concerning this monitoring.

5/16/14

F 282

483.20(k)(3)(ii) SERVICES BY
QUALIFIED PERSONS/PER CARE
PLAN

1) Upon being made aware of the unplugged mattress on April 23, 2014 the wound care nurse immediately plugged the mattress into the electric outlet. Wound care nurse inserviced the direct care staff (LPN's and CNA's) immediately assigned to care for resident #66 on proper use of the air mattress.

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F 282	<p>Continued From page 11</p> <p>The findings included:</p> <p>Resident #86 was admitted to the facility on May 23, 2013, with diagnoses including Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Chronic Heart Failure, and Diabetes.</p> <p>Medical record review of the Order Summary Report dated March 29, 2014, revealed, an order dated October 13, 2013, for "Air mattress to bed."</p> <p>Medical record review of the resident's care plan dated June 7, 2013, revealed the identified problem of "At risk for skin Breakdown and the intervention of "Air mattress on bed-check monthly for placement" included.</p> <p>Observation on April 23, 2014, at 1:40 p.m., revealed the resident sitting in a therapeutic chair in the lounge area outside of the A, B, and C wing nursing station. Further observation revealed Licensed Practical Nurse (LPN) #4 requested the resident to be placed in bed for personal care.</p> <p>Observation with LPN #4 on April 23, 2014, at 2:00 p.m., in the resident's room, revealed the resident lying in a low bed. Further observation revealed the air mattress on the resident's bed was not plugged in and was not inflated.</p> <p>Interview with LPN #4 on April 23, 2014, at 2:00pm., in the resident's room, confirmed the air mattress on the resident's bed was not inflated.</p> <p>Interview with the Assistant Director of Nursing and the Director of Nursing on April 23, 2014 at 5:48 p.m., in the conference room, confirmed the facility had failed to follow the care plan.</p>	F 282	<p>2) On May 9, 2014 the wound care nurse and DON checked all residents with air mattresses to ensure mattresses were working properly. The wound care nurse inserviced all nursing staff on use of air mattress beginning May 12, 2014.</p> <p>3) Beginning May 1, 2014 the charge nurse will document on the treatment sheet each shift that air mattresses are working properly. This will continue for 3 months.</p> <p>4) Beginning May 1, 2014 the DON will report to the QAPI committee the monitoring outcomes of air mattress checks at the next scheduled quarterly QAPI committee meeting. The Administrator will report to the Governing Body at its next meeting concerning the monitoring.</p>	5/16/14	

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F 356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the posted nurse staffing data and interview, the facility failed to correctly post the nurse staffing data.</p>	F 356	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>1) Upon being made aware of incorrect staffing data information on April 21, 2014 the DON immediately corrected the staffing information. On April 21, 2014 the DON conducted one on one teachable moment with the individual responsible for posting nurse staffing data on each shift on how to count hours per scheduled nurse per shift.</p> <p>2) On May 13, 2014 the ADON and staffing individual responsible for data, reviewed the past 2 weeks staffing notices to ensure information was posted correctly.</p> <p>3) Beginning the week of May 12, 2014 the previous day's posted staffing sheets will be reviewed by the ADON for correct data posting for a period of 6 weeks or more often until 100% compliance of correct data is posted with no errors.</p> <p>4) Beginning May 1, 2014 the DON will report to the QAPI committee the monitoring outcomes of posted staffing data at the next scheduled quarterly QAPI committee meeting. The Administrator will report to the Governing Body at its next meeting concerning this monitoring.</p>	5/16/14	

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F 356

Continued From page 13

The findings included:

Observation on April 21, 2014, at 8:30 a.m., of the posted nurse staffing data revealed there were four Registered Nurses on duty and eight Licensed Practical Nurses.

Interview with the Director of Nursing on April 21, 2014, at 9:05 a.m., in the hallway, revealed there were only three Registered Nurses on duty and seven Licensed Practical Nurses, and confirmed the nurse staffing data was not correct.

F 494
SS=D

483.75(e)(2)-(3) NURSE AIDE WORK > 4 MO -
TRAINING/COMPETENCY

A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services; and that individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §§483.151-483.154 of this part; or that individual has been deemed or determined competent as provided in §483.150(a) and (b).

A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (e)(2)(i) and (ii) of this section.

Nurse aides do not include those individuals who furnish services to residents only as paid feeding assistants as defined in §488.301 of this chapter.

F 356

F 494

483.75(e)(2)-(3) NURSE AIDE WORK > 4
MO-TRAINING/COMPETENCY

1) On May 8, 2014, the Nurse Aide Training program Instructor eliminated the requirement for nurse aide students to pay for workbooks (see new policy agreement attached). On May 8, 2014 the current class of nurse aide trainees and those in the previous classes taught in 2014 were identified. The identified active nurse aides will be reimbursed for any charges for the program. Reimbursement will be completed by May 22, 2014.

2) As of May 8, 2014 this new policy agreement will be applied to all nurse aide students.

3) As of May 12, 2014 the Administrator will ensure that all students accepted into the NAT program will receive a copy of the revised NAT program agreement. HR will ensure that document is inclusive in the personnel file folder.

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F 494

Continued From page 14

This REQUIREMENT is not met as evidenced
by:

Based on review of the CFR Title 42, Volume 3,
PART 483 Requirements for States and Long
Term Care Facilities (Nurse Aide Training
Programs), review of the facility Nurse Aide
Training Program, facility document, and
interview, the facility failed to ensure no nurse
aide was charged for any portion of the program.

The findings included:

Review of the Requirements for States and Long
Term Care (LTC) Nurse Aide Training
Requirements revealed, "...Sec. 483.152 (c)
Prohibition of charges. (1) No nurse aide who is
employed by, or who has received an offer of
employment from a facility on the date on which
the aide begins a nurse aide training and
competency evaluation program maybe charged
for any portion of the program (including any fees
for textbooks or other required course material.

Review of a facility document prepared by the
Assistant Administrator revealed thirty students
had received training through the Nurse Aide
Training Program in the last year and twenty-eight
of those students were charged for the
workbooks.

Interview with Certified Nursing Assistant (CNA
#12) on April 23, 2014, at 4:45p.m., on the A
hallway revealed "...had to pay for the work book
for the class taken in 2012."

Interview with CNA #13 on April 23, 2014, at

F 494

4) The NAT program Instructor will monitor
compliance with the new agreement and will
report compliance to the Administrator on a
monthly basis for 6 months. The
Administrator will provide a quarterly report
on compliance with the new Nurse Aide
Training program policy agreement at the
next scheduled quarterly QAPI committee
meeting and for the next 3 quarterly meetings
following. The Administrator will report to
the Governing Body at its next meeting
concerning this monitoring.

ATTACHMENT #3: NAT POLICY
AGREEMENT

5/22/14

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F 494	Continued From page 15 4:55p.m., on the B hallway revealed "...had to pay for the workbook for the class taken in 2012." Interview with the Director of Nursing and the Nurse Aide Training Program Coordinator, on April 23, 2014, at 5:10 p.m., in the chapel confirmed the facility had charged the students for the workbooks.	F 494			